



January 14, 2022

Web Announcement 2682

## **Attention Provider Type 28 (Pharmacy): Camphotrex™ Gel Requires Prior Authorization Effective January 12, 2022**

Nevada Medicaid providers are advised that beginning January 12, 2022, Camphotrex™ gel requires prior authorization (PA). Claims without a PA will reject with code 75 with the message "Prior Authorization Required." Providers may request clinical review for prior authorization for Camphotrex™ gel electronically, by calling the OptumRx Call Center at (855) 455-3311 or by faxing the completed Pharmacy Authorization request form (FA-59) to (855) 455-3303.

Prior authorization forms are available at <https://www.medicaid.nv.gov/providers/rx/rxforms.aspx>.